

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 11 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 769607 (3)**  
1. Corporation Name  
**COUNTRY LANE CONDOMINIUM NO.1 ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>12079 SW 131ST AVE.<br/>MIAMI FL 33186<br/>US</b> | Mailing Address<br><b>12079 SW 131ST AVE.<br/>MIAMI FL 33186-6475<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/28/1983</b>   | 3a. Date of Last Report<br><b>04/04/1996</b> |
| 4. FEI Number<br><b>59-0240803</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |         |  |
|--|---------|--|
| 2. Principal Place of Business<br>21 <b>Miami Management, Inc.</b><br>Suite, Apt. #, etc.<br>22 <b>14275 SW 142 Avenue</b><br>City & State<br>23 <b>Miami FL</b><br>Zip<br>24 <b>33186</b> | Country | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |
|--|---------|--|

9. Name and Address of Current Registered Agent  
**MICHAEL HYMAN, HYMAN & KAPLAN  
44 WEST FLAGLER  
14TH FLOOR  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name  
**Syger, Oscar**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**155 S. Miami Avenue**  
83  
**PH -1**  
84 City  
**Miami** FL 85 Zip Code  
**33130**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Oscar Syger* (NOTE: Registered Agent signature required when reinstating) DATE **JULY 7, 1997**

| 12. OFFICERS AND DIRECTORS |                               | DELETED                                    |
|----------------------------|-------------------------------|--|
| TITLE                      | <b>PD</b>                     | <input type="checkbox"/> DELETE            |
| NAME                       | <b>QUINCOSES, JANETTE</b>     |  |
| STREET ADDRESS             | <b>1700 NW 67 AVE., #118</b>  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      | <b>VPO</b>                    | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MILLEN, JACK</b>           |  |
| STREET ADDRESS             | <b>17000 NW 67 AVE #313</b>   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      | <b>SD</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>ALVAREZ, COLLEEN</b>       |  |
| STREET ADDRESS             | <b>17000 NW 67 AVE #302</b>   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      | <b>TD</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>ALVAREZ, COLLEEN</b>       |  |
| STREET ADDRESS             | <b>17000 NW 67 AVE., #301</b> |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>HOCH, EDDIE</b>            |  |
| STREET ADDRESS             | <b>17000 NW 67 AVE., #109</b> |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      |                               | <input type="checkbox"/> DELETE            |
| NAME                       |                               |  |
| STREET ADDRESS             |                               |  |
| CITY-ST-ZIP                |                               |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                  | Change                              | Addition                 |
|---|----------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1.2 NAME  |                                  |                                     |                          |
| 1.3 STREET ADDRESS                                    |                                  |                                     |                          |
| 1.4 CITY-ST-ZIP                                       |                                  |                                     |                          |
| 2.1 TITLE   | <b>V/87D</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  | <b>Salinas, Adriana</b>          |                                     |                          |
| 2.3 STREET ADDRESS                                    | <b>17000 NW 67th Avenue #412</b> |                                     |                          |
| 2.4 CITY-ST-ZIP                                       | <b>Miami FL 33015</b>            |                                     |                          |
| 3.1 TITLE   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME  |                                  |                                     |                          |
| 3.3 STREET ADDRESS                                    |                                  |                                     |                          |
| 3.4 CITY-ST-ZIP                                       |                                  |                                     |                          |
| 4.1 TITLE   | <b>TD</b>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  | <b>Plasencia, Belgrabe</b>       |                                     |                          |
| 4.3 STREET ADDRESS                                    | <b>17000 NW 67th Avenue #117</b> |                                     |                          |
| 4.4 CITY-ST-ZIP                                       | <b>Miami FL 33015</b>            |                                     |                          |
| 5.1 TITLE   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |                                  |                                     |                          |
| 5.3 STREET ADDRESS                                    |                                  |                                     |                          |
| 5.4 CITY-ST-ZIP                                       |                                  |                                     |                          |
| 6.1 TITLE   |                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME  |                                  |                                     |                          |
| 6.3 STREET ADDRESS                                    |                                  |                                     |                          |
| 6.4 CITY-ST-ZIP                                       |                                  |                                     |                          |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *K. H. ...* DATE **7-17-97** **534-4432**

CR2E037 (9/96)